BID SOLICITATION

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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS CAPITOL HILL PROVIDENCE RI 02908

BUYER: ALMA MILLER
PHONE #: (401) 222 - 2142 ext. 124

TITLE: MEDICAL TRANSCRIPTION SVCS.

BID OPENING DATE AND TIME:

HUMAN SERVICES
DHS-ORS DISABILITY DETERMINATION
40 FOUNTAIN ST, 6TH FLOOR
PROVIDENCE RI 02903

10/1/2005 - 9/30/2010

Requisition Number(s): R69E065037

TERMS OF PAYMENT:

BLANKET PERIOD:

BID OPENING DATE AND TIME:

10/21/2005 11:15 AM

BID NUMBER: B05656

S HUMAN SERVICES
H DHS-ORS DISABILITY DETERMINATION
1 40 FOUNTAIN ST, 6TH FLOOR
P PROVIDENCE RI 02903
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Item	Class-Item	Quantity	Unit	Unit Price	Total
	BLANKET REQUIREMENTS: 10/1/05 - 9/30/2010				
	BIDDING				
	(a) A single price shall be quoted for each item against which a proposal is submitted. This price will be the maximum in effect during the agreement period. Any price decline at the manufacturer's level shall be reflected in a reduction of the agreement price to the State.				
	(b) Quantities, if any, are estimated only. The agreement shall cover the actual quantities ordering during the period. Deliveries will be billed at the single, firm, awarded unit price quoted regardless of the quantities ordered.				
	(c) Bid price is net F.O.B. destination and shall include inside delivery at no extra cost.				
	(d) Bids for single items and/or a small percentage of total items listed, may, at the State's sole option, be rejected as being non-responsive to the intent of this request.				
	ORDERING				
	(a) The User Agency(s) will submit individual orders for the various items and various quantities as may be required during the agreement period.				
	(b) Exception - Regardless of any agreement resulting from this bid, the State reserves the right to solicit prices separately for any extra large requirements for delivery to specific destinations.				

It is the Vendor's responsibility to check and download any and all addenda from the RIVIP. This offer may not be considered unless a signed RIVIP generated Bidder Certification Cover Form is attached and the Unit Price column is completed. The signed Certification Cover Form must be attached to the front of the offer. When delivering offers in person to One Capitol Hill, vendors are advised to allow at least one hour additional time for clearance through security checkpoints.

	DO NOT SIGN BID ON THIS PAGE!
DELIVERY:	RIVIP VENDOR ID#:

USE CERTIFICATION COVER FORM.

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THIS IS A MULTI-YEAR BID/CONTRACT. PER RHODE ISLAND STATE LAW 37-2-33, CONTRACT OBLIGATIONS BEYOND THE CURRENT FISCAL YEAR ARE SUBJECT TO AVAILABILITY OF FUNDS. CONTINUATION OF THE CONTRACT BEYOND THE INITIAL FISCAL YEAR WILL BE AT THE DISCRETION OF THE STATE. TERMINATION MAY BE EFFECTED BY THE STATE BASED UPON DETERMINING FACTORS SUCH AS UNSATISFACTORY PERFORMANCE OR THE DETERMINATION BY THE STATE TO DISCONITIVE THE GOODS/SERVICES, OR TO REVISE THE SCOPE AND NEED FOR THE TYPE OF GOODS/SERVICES; ALSO MANAGEMENT OWNER DETERMINATIONS THAT MAY PRECLUDE THE NEED FOR GOODS/SERVICES. MEDICAL TRANSCRIPTION SERVICES 10/1/05 - 9/30/10 961-72 1.0 BID A PRICE PER LINE FOR LINES TRANSCRIBED AND RECEIVED IN COMPLETED REPORTS, PER THE ATTACHED SPECIFICATIONS. PLEASE SEE ATTACHED SPECIFICATIONS TOTAL:

It is the Vendor's responsibility to check and download any and all addenda from the RIVIP. This offer may not be considered unless a signed RIVIP generated Bidder Certification Cover Form is attached and the Unit Price column is completed. The signed Certification Cover Form must be attached to the front of the offer. When delivering offers in person to One Capitol Hill, vendors are advised to allow at least one hour additional time for clearance through security checkpoints.

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DISABILITY DETERMINATION SERVICES 1238-505200-268

TRANSCRIPTION SERVICES SPECS

- 1. The Contractor shall electronically transmit the transcribed reports to the DDS within 24 hours of dictation. State business days are Monday through Friday, 7:00 a.m. to 5:00 p.m. excluding official State holidays. All reports shall be transcribed and electronically transmitted to both the DDS in Providence, Rhode Island and to the dictator by the close of the second business day. Additional transmissions can be made to the DDS throughout the day. Turnaround time is measured based upon when the work is dictated into the digital recording unit.
- 2. The Contractor must have a quality assurance program in place to assure the maintenance of quality standards. The purpose of this function is to assure that transcribed reports contain no typographical errors and are grammatically correct.
- 3. The Contractor must perform all work in a secure facility (facilities) which ensures confidentiality of all reports. This requires all work pertaining to this contract to be performed in the Contractor's facility under the supervision of a designated contract manager. Social Security Administration's regulations prohibit the subcontracting of the functions in this contract due to confidentiality of materials, information, and data. At no point is the Contractor to contract out the RI DDS's work to be completed by The Contractor must have a plan in place to safeguard another company. The Contractor must also demonstrate an understanding and confidentiality. compliance with HIPAA regulations. All work connected with this contract will be performed within the United States of America. No information obtained in connection with this contract will be transmitted electronically or by any other means outside of the United States of America. Any product generated by this agreement will become the exclusive property of RI DDS.
- 4. The Contractor shall have in place at the DDS, at Contractor's expense, a state of the art system for receipt of electronically transmitted reports to the DDS at a minimum schedule of a once-per-workday. The Contractor's complete on-site system at the DDS shall include all necessary hardware and software to transmit electronically all reports to the DDS. The system is to be of the capacity to maintain all transmitted dictations for the length of the contract. The Contractor is responsible for the installation of all hardware and software provided.
- 5. Contractor must describe the type of equipment that will be used to transcribe dictations, to include automated spell check capability, including spelling of medical terminology, and the type of printers used to print reports. Medical transcriptionists experienced in medical terminology are mandatory. The Offeror must describe Contractor's back-up plan for ensuring timely deliveries in the event of communications and/or equipment malfunctions. In the event of equipment malfunctions, the DDS must be notified immediately of the breakdown. Contractor must maintain service agreements on all equipment and software programs necessary to meet contractual specifications for the life of the contract. The Contractor must also detail provisions for telecommunication back up plans in the event the toll-free

service fails for any reason. The Contractor is also to insure that ongoing technical support is available to consult with the DDS to diagnose and correct any problem situations for vendor supplied equipment located at the DDS. Contractor will ensure that any equipment or software problems are resolved no later than one working day from DDS notification. The contractor will provide systems training for RI DDS upon installation of hardware/software.

- 6. Transcription service will provide a management console at the RI DDS to allow the DDS to review the number of reports in the system, when the reports came into the system and when the reports were done. The DDS should be online and in real time.
- 7. The Contractor must describe the type of digital recording equipment that is for the sole use of health care and mental health professionals who provide medical evidence of record (MER) and consultative examination (CE) reports, and how it will be configured to meet the volume demands of this contract. Include how the digital equipment will provide access to the system using four-digit personal identification codes assigned to each CE provider and generic four-digit codes for treating sources. The equipment must allow the caller to enter up to a 9-digit claimant identification number. The digital recording system must provide immediate access to user information such as date, time, and length of dictation. The equipment must have edit features accessed by a touch tone telephone which enables, at a minimum, the dictator to start/stop, pause, review, rewind, and verify access to the system via playback.
- 8. The Contractor must have an answering device for each communication line that shall provide a recorded message informing dictators of the data required for the report. Language for the message will be provided by or must be approved by the DDS. The DDS may wish to revise the introductory message from time to time as a public relations tool. This option shall be available with the recording system.
- 9. The Contractor must provide toll free service to the dictating medical providers. Medical providers in the contiguous 48 states are to be provided access to the dictation system without charge. These lines must be exclusively for the RI DDS use. Access to the dictation system must provide for twenty-four (24) hour access, seven (7) days a week. The Contractor must set up and maintain a database of CE providers' names and addresses (which is to be provided by RI DDS) to ensure accurate dictator information.
- 10. The digital recording equipment must have sufficient ports dedicated to the RI DDS providers to meet the volume demands of this contract. If the collision factor (maximum incidence of busy signals for users) is greater than one in ten, the number of ports must be increased to ensure that the dictation service is readily accessible to the medical providers without long waits. Any necessary system expansion will be provided at no additional cost to the DDS. The Contractor must also maintain a toll free customer service number to handle questions from dictating sources. At a minimum, this line must be staffed during regular State business hours and equipped with a messaging system at all other times. Messages left on the messaging system must be addressed within the first hour of the next State business day. The contractor must provide instructional tele-recording brochures explaining the features of the

- system and instructions for use, including the toll free customer service number, at no cost to DDS.
- 11. Based on past data and current workload projections, the anticipated volume for the first year of the contract is estimated to average of 120,000 transcribed lines of data per month with the potential for growth in subsequent contract years. There is no minimum volume guaranteed by the State of Rhode Island. In FY-04, approximately 1,205,000 lines were transcribed. CE reports comprise approximately 90% of the workload. Fluctuations in the volume of work may occur with disability claims. Additional personnel and communication lines must be added as the volume dictates. The Contractor must describe alternative plans to handle these fluctuations.
- 12. The Contractor will set up a database for the RI DDS which will allow the RI DDS to print the day's work by printing files in a given folder as well as access the Contractor's database to search for files by dictator ID number, search for files by claimant SSN, search for files by date of dictation, or any combination of these search criteria. The system should allow the RI DDS to reprint reports and make simple edits on header items such as names and SSNs to any of the reports transmitted for the length of the contract. The ultimate responsibility for insuring no loss of records through the backup of the records rests with the contractor. All dictated reports must be accessible to the RI DDS for the length of the contract. The contractor must maintain the dictated reports on their remote system at their location for a minimum of 90 days and they are responsible to backup and store all dictated reports for the length of the contract.
- 13. It is agreed that if a caller dictates a partial report, then hangs up and does not call back the same day to complete it, the DDS will pay for the partially typed report. A copy must be submitted to the DDS. If the provider does call back the same day, the Contractor will make every attempt to combine segments of the same report into a complete report for final preparation, delivery and billing purposes. The Contractor is required to call CE dictators to clarify missing or incomplete information, to notify the dictator of a problem, or to resolve problems encountered by the dictators. The DDS will be kept informed of these problems.
- 14. The DDS is to be notified of any equipment malfunction or other technical difficulties, which may require dictators to redictate reports that are lost or not recorded properly. The Contractor must assure that these occurrences are minimal through regular equipment checks and continued maintenance. The DDS and the Contractor should maintain a complete log of these redictations.

Billing Requirements

- A. The billing schedule shall be once a month for the life of the contract.
- B. The DDS will only pay for lines transcribed and received in completed reports adhering to the specifications listed within this contract.

- C. Postage reimbursements only for mailing of transcribed reports to the medical source will be included in the total. This postage cost must be listed as a separate item.
- D. Copies of the transmission logs pertaining to the period covered must accompany the bill. The DDS will not be charged for transcription logs
- E. The contract monitor reserves the right to make any adjustments after review of the invoice and prior to authorizing the payment for that period.
- F. Any intentional falsification of records, including log sheets by the contractor shall result in a twenty-four (24) hour written notice of contract termination.
- G. Invoices shall be addressed to: Rhode Island Disability Determination Services, 40 Fountain Street, Providence, RI 02903.

Format (see attached examples)

- A. The margins should be one inch on all sides. Font should be 12 point in Courier, New Times Roman, or similarly easy to read font.
- B. The heading consists of the dictator's full name and address, type of report, the name of the claimant, the Social Security number, disability claims examiner's name and numerical designation (if stated), the date the report is typed, and the date the report is dictated.
- C. If the dictator dictates paragraph headings, these must be capitalized and underlined.
- D. The claimant's name and Social Security number, the date of the report, and the page enumeration must be included on the top of each page of the report and will be considered one line.

Deliverables

- A. All reports will be routed from the Contractor's office to the dictator by the means specified by the DDS for that particular dictator.
- B. Delivery options for reports being sent to the dictators must include postal mail, fax, SSA eData website, and/or through a secure web site/FTP process. The Contractor must describe their process for handling the multiple delivery options. For e-mail delivery, the Contractor will be responsible for providing the dictator with the necessary software to enable the dictator to receive and open the encrypted e-mail. This process, which will be at no charge to the dictator, must be described. The DDS will provide the Contractor the necessary information for those dictators who opt to receive their reports through a means other than postal mail. For those dictators who opt for postal mail, the reports will be collated and mailed directly from the Contractor's local office to the dictators (an original plus one copy). Postal mail will be the

- default means of delivery if no alternative delivery system has been specified for a particular dictator.
- C. A copy of the report will be transmitted daily to the DDS with the daily log sheet. Any reports that present a problem (i.e., incomplete claims examiner, claimant or dictator information) will be listed separate on the log sheet. The Contractor will retain the dictator's copies until a designated DDS employee provides the needed information. The necessary corrections will then be made and the reports routed to the dictator.
- D. The Contractor must be willing to pilot, and implement at DDS's direction, alternative methods of delivery to the DDS at no additional cost in concert with SSA's move to an electronic claims folder and utilization of the eData Web Site.
- E. Typed log sheets must be submitted daily with each delivery according to the following format:
- F. Typed log sheets shall contain an itemized list with each reported transmitted including:
 - 1. Claimant's name and Social Security number
 - 2. Line count for each report
 - 3. Report number
 - 4. Dictator's name
 - 5. Date of dictation
 - 6. Date typed
 - 7. Disability Examiner's name
 - 8. Total line count of that transmission
- G. The logs must be in alphabetical order by dictator's last name. If reports are transmitted in a different order, an additional log sheet reflecting order of transmission is required.
- H. Problem reports must be listed separately.
- I. The total number of reports and the total number of lines must also be included on each log sheet.
- J. The Contractor shall retain copies of typed reports in electronic format for at least 90 days. There shall be no charge to the DDS for an additional copy of the report, should one be requested. The Contractor will verify receipt of a specific dictation as requested by the DDS.